

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 24 2004

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13117</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Salvatore</u> <u>Ingolia</u> P.O. Box, Bldg., Room No., if any Street <u>101-49 Woodhaven Boulevard</u> City <u>Ozone Park</u> State <u>New York</u> ZIP Code + 4 <u>11416</u>	4. Name, file number, and address of labor organization. Name <u>Amalgamated Transit Union, Local 1181 - 1061</u> Labor Organization File Number <u>029-994</u> P.O. Box, Building and Room Number, if any Street <u>101-49 Woodhaven Boulevard</u> City <u>Ozone Park</u> State <u>New York</u> ZIP Code + 4 <u>11416</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Salvatore Ingolia

On

8-15-05

Date

(718) 845-5600

Telephone Number

Name of Person Filing Salvatore Ingoglia	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 15 Union Square</p> <p>City New York</p> <p>State New York ZIP Code + 4 10003</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> <p>They are a money manager for the Pension Fund.</p> </div> <p>11.b. Approximate dollar value of such dealing. \$20,182</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Amalgamated Bank paid for a golf outing for Sol Stein.</p> </div> <p>12.b. Amount. \$200</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; min-height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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Part B Continuation Page

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Straci & Cooper LLP</u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u>17 Battery Place</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10004</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u></u></p> <p>Trade Name, if any: <u></u></p> <p>P.O. Box, Bldg., Room No., if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11.a. Nature of such dealing.</p> <p>The law firm is a provider of legal services to the Labor orgnaization.</p> <p>11.b. Approximate dollar value of such dealing. <u>\$242,780</u></p> <p>12.a. Nature of interest held or income received.</p> <p>Golf outing for St. Francis de Sales School for the Deaf.</p> <p>12.b. Amount. <u>\$151</u></p>

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8. Name and address of Business (including trade name, if any).

Name QuanVest Consultants, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 390 Plandome Road

City Manhasset

State New York ZIP Code + 4 11030

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Division 1181 ATU NY Pension & Welfare Funds

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101-49 Woodhaven Boulevard

City Ozone Park

State New York ZIP Code + 4 11416

11.a. Nature of such dealing.

They are an investment advisor for both Division 1181 ATU NY Employees Pension Fund & Division 1181 ATU NY Welfare Fund. They also an advisor for Division 1181 ATU.

11.b. Approximate dollar value of such dealing.

\$108,656

12.a. Nature of interest held or income received.

Discussion of status and future trends of the Pension Fund's investments and their managers over lunch at Matteo's Restaurant.

12.b. Amount.

\$50

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8. Name and address of Business (including trade name, if any). Name <u>Slevin & Hart, P.C.</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>1625 Massachusetts Avenue, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20036</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Division 1181 ATU NY Pension & Welfare Funds</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>101-49 Woodhaven Boulevard</u> City <u>Ozone Park</u> State <u>New York</u> ZIP Code + 4 <u>11416</u>	11.a. Nature of such dealing. The law firm is a provider of Labor service for both Division 1181 ATU NY Employees Pension Fund & Div. 1181 ATU NY Welfare Fund. They also provide service for Div. 1181 ATU, AFL - CIO Medical Center, Inc. & Div. 1181 ATU Long Island Employees Pension Fund 11.b. Approximate dollar value of such dealing. <u>\$336,180</u>
	12.a. Nature of interest held or income received. Dinner in Washington, D.C. M.S. Golf outing. 12.b. Amount. <u>\$135</u>

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name International Foundation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P. O. Box 69

Street 18700 W. Blumound Road

City Brookfield

State Wisconsin

ZIP Code + 4 53008

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Division 1181 ATU NY Employees Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 101-49 Woodhaven Boulevard

City Ozone Park

State New York

ZIP Code + 4 11416

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Salvatore attended an educational conference in June 2004. The cost included registration fee, airfare and hotel lodging.

12.b. Amount.

\$1,369

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<p>8. Name and address of Business (including trade name, if any).</p> <p>Name International Foundation</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P. O. Box 69</p> <p>Street 18700 W. Blumound Road</p> <p>City Brookfield</p> <p>State Wisconsin ZIP Code + 4 53008</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Division 1181 ATU NY Welfare Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 101-49 Woodhaven Boulevard</p> <p>City Ozone Park</p> <p>State New York ZIP Code + 4 11416</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Salvatore attended an educational conference in June 2004. The cost included registration fee, airfare and hotel lodging.</p> <p>12.b. Amount. \$1,369</p>